

10/324748
COMBINED DECLARATION AND POWER OF ATTORNEY

ATTORNEY DOCKET NO

AUG 18 2003

As a below named inventor, I/we hereby declare that:

My/our residence, post office address and citizenship are as stated below next to my/our name. I/we believe I am/we are the original, first and sole/joint inventor/s of the subject matter which is claimed and for which a patent is sought on the invention entitled

METHOD FOR PRODUCING PHTHALIC ACID DICHLORIDE

the specification of which is attached hereto,

or was filed on **August 6, 2003**

as a PCT Application Serial No. **PCT/EP2003/008684**

I/we hereby state that I/we have reviewed and understand the contents of the above-identified specification, including the claims.

I/we acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I/we hereby claim priority benefits under Title 35, United States Code, §119 and § 119(e)(1) of any foreign and/or U.S. provisional application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

102 37 579.8
(Number)

Germany
(Country)

August 16, 2002
(Month/Day/Year Filed)

I/we hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I/we acknowledge the duty to disclose the material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)

(Filing Date)

(Status)

(patented, pending, abandoned)

(Application Serial No.)

(Filing Date)

(Status)

(patented, pending, abandoned)

I/we hereby declare that all statements made herein of my/our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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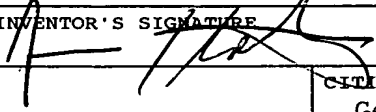
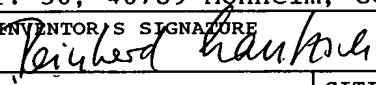
I hereby appoint:

- Practitioners associated with the Customer Number: 34469

as my/our attorney(s) or agent(s) to prosecute the application identified and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

- The address associated with the above-mentioned Customer Number.

| | | | |
|---|--|--|--------------------|
| FULL NAME OF SOLE OR FIRST INVENTOR Jörn Stölting | | INVENTOR'S SIGNATURE  | DATE 18.02.2005 |
| RESIDENCE D 51061 Köln, Germany <i>DEX</i> | | CITIZENSHIP German | |
| POST OFFICE ADDRESS c/o Bayer CropScience AG, Alfred-Nobel-Str. 50, 40789 Monheim, Germany | | | |
| FULL NAME OF SECOND INVENTOR Reinhard Lantzsch | | INVENTOR'S SIGNATURE  | DATE 24.02.2005 |
| RESIDENCE D 42115 Wuppertal, Germany <i>DEX</i> | | CITIZENSHIP German | |
| POST OFFICE ADDRESS c/o Bayer CropScience AG, Alfred-Nobel-Str. 50, D 40789 Monheim, Germany | | | |
| FULL NAME OF THIRD INVENTOR | | INVENTOR'S SIGNATURE | DATE |
| RESIDENCE | | CITIZENSHIP | |
| POST OFFICE ADDRESS | | | |
| FULL NAME OF FOURTH INVENTOR | | INVENTOR'S SIGNATURE | DATE |
| RESIDENCE | | CITIZENSHIP | |
| POST OFFICE ADDRESS | | | |
| FULL NAME OF FIFTH INVENTOR | | INVENTOR'S SIGNATURE | DATE |
| RESIDENCE | | CITIZENSHIP | |
| POST OFFICE ADDRESS | | | |
| FULL NAME OF SIXTH INVENTOR | | INVENTOR'S SIGNATURE | DATE |
| RESIDENCE | | CITIZENSHIP | |
| POST OFFICE ADDRESS | | | |
| FULL NAME OF SEVENTH INVENTOR | | INVENTOR'S SIGNATURE | DATE |
| RESIDENCE | | CITIZENSHIP | |
| POST OFFICE ADDRESS | | | |

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